

EXHIBIT F

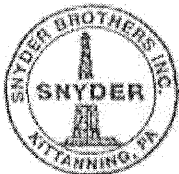


EXHIBIT A
TERM PURCHASE ORDER # _____

Full Requirements

This Purchase Order, together with the Natural Gas Agreement between Seller and Buyer dated May 25, 2016, constitutes a Contract between:

SELLER: **SNYDER BROTHERS, INC.**

BUYER: **East Ohio Regional Hospital**

Buyer agrees to pay Seller for all volumes of natural gas consumed in a given contract month at the price specified below in section 4 below. Buyer may convert up to 100% of the Contract Volume to a Fixed Price in the manner described in the Natural Gas Agreement. When price is converted to "Fixed", Snyder Brothers, Inc. will purchase all contract gas and customer agrees that services will be considered complete on that date with monthly volume deliveries to be as scheduled below. If Buyer has converted some or all of the Contract Volume to a Fixed Price in a given month, the price for all gas consumed in that month shall be calculated by taking a weighted average price for (1) all Fixed Price conversions and (2) any remaining Contract Volume at the price specified in section 4 below.

1. Sales Period: **July 1, 2016 through December 31, 2017**
July 1, 2016 through December 31, 2018

2. Monthly Contract Quantity (Dekatherms):

Jan	5988	May	3110	Sep	2781
Feb	5209	Jun	2777	Oct	3025
Mar	5991	Jul	2521	Nov	3811
Apr	4376	Aug	2282	Dec	4860

3. Account Nos: **12984932-010**

Choose one:

4. Sales Price:
- | | | |
|-------------------|---|-------------------------------------|
| Nymex + \$.12/Dth | <input checked="" type="checkbox"/> 10 NO | <input type="checkbox"/> |
| Nymex + \$.05/Dth | <input type="checkbox"/> 30 MC | <input checked="" type="checkbox"/> |

5. Point of Delivery: Columbia Gas of Ohio City Gate
6. Point of Receipt: Snyder Brothers COH Pool
7. Payment Terms: Net (15) days after date of invoice.
8. Level of Service: **Full Requirements**

SELLER

Snyder Brothers, Inc.
P.O. Box 1022
One Glade Park East
Kittanning, PA 16201

PH: 724-548-8101
FAX: 724-545-8243
Email: gasmarketing@snyderbros.com
BY: [Signature]
TITLE: VP
DATE: 5/25/16

BUYER

East Ohio Regional Hospital
90 N 4th Street
Martins Ferry, OH 43935

PH: 740-633-4512
FAX: 740-633-4205
Email: balthartn@covh.org
BY: [Signature]
TITLE: VP COO
DATE: 5/9/2019